products which will be dissipated in the air, along with the decomposition products of Teflon if burned outdoors.

If involved in a fire indoors, fire studies indicate that the area would be uninhabitable because of combustion products before the Teflon would decompose. It is highly improbable that flash fires or minor heat sources, such as cigarettes, would cause this decomposition.

In summary, I feel that the hazards of Teflon are minimal, and for the typical plant where it is present in bearings, etc., hazards are non-existent from the practical point of view. Large-scale users such as fabricators have recommendations available from manufacturers and safety groups such as ours for the safe handling of the material. Again, it should be pointed out that the hazard being covered is that due to the polymer fume since it occurs first, not the hazard of the decomposition products.

Finally, many users such as food processors and electrical manufacturers use large quantities of Teflon without heating. They should understand the hazards and take rational steps to prevent overheating by such processes as welding. This is particularly important where Teflon is used in confined spaces such as linings for tanks.

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*To the Editor:*

Reference my letter which appeared in the *Canadian Medical Association Journal* of October 21 reporting the official monthly *Notes and News* publication of the British Columbia Fire Chiefs' Association on the subject of Teflon. This release received province-wide distribution to British Columbia fire chiefs as a potential fire hazard and as such was referred to our Industrial Safety Department. Although not infallible, this Association is the logical regional authority on the subject of fire hazards.

Subsequent to the publication of my letter, I have been informed that the British Columbia Fire Chiefs' information was apparently based on material released by the Union Carbide Corporation in the fall of 1960. It was subsequently promulgated by several U.S. Air Force local publications.

The Union Carbide Corporation, upon further investigation, and with the co-operation of du Pont, reported, in December of last year, "There have been no deaths or permanent injuries known to stem from Teflon; *all rumours of death are false.*" (Italics mine.) A similar release was originated from the office of the Inspector General, United States Air Force, in March 1958, and the U.S. Navy *News Letter* of January 1959.

Independently, our Industrial Safety Department corresponded with the National Research Council on this subject. After reviewing 15 research and investigational reports which failed to verify any reports of serious complications resulting from its use, they recommended that "Teflon requires the same order of safe handling techniques and methods as practically any other organic material that forms thermal decomposition gases when subjected to high temperatures." Specifically they quote The Food and Drug Administration safety endorsement for its use in cooking utensils.

Of significance, only in retrospect and in no way altering the content of my original letter, was a minor editorial change. My original letter included all the material from para. 2 to para. 4 inclusive in quotation marks, which included the fictitious fatality. The quotation marks were omitted in the published version and led to the erroneous interpretation by Dr. Mastromatteo that I was quoting a hearsay incident as personal experience.

One can only sympathize with either individuals or companies who are erroneously misrepresented in credible print. Subsequent denials and retractions unfortunately never completely erase the original damage. I sincerely regret my role in perpetuating this unfounded rumour regarding Teflon.

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## PROLONGED RETENTION OF THE DEAD FETUS

*To the Editor:*

I have had my attention drawn to a rather clumsy and misleading apposition of two sentences in my paper entitled "Prolonged Retention of the Dead Fetus", published in the *Canada. M. A. J.* (85: 932, 1961). I refer to page 936.

"(e) A Syntocinon induction is started. The infusion is maintained for eight hours and repeated daily for three days with increasing dosage until active contractions occur. This infusion must at all times be under careful control of the medical attendant. When labour ensues and the cervix is two to three fingers dilated, the membranes are ruptured. If labour does not begin with this routine, the patient is discharged for one week."

This might be construed that the patient is sent home for one week even with ruptured membranes. It should be stressed that the membranes are not to be ruptured unless the patient is in productive labour with the cervix dilated at least three fingers. Following this, the fetus is delivered quickly. Under no circumstance is the patient sent home after amniotomy. The patient is only discharged if labour does not supervene even after repeated and adequate infusion of Syntocinon.

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## PAGES OUT OF THE PAST: FROM THE JOURNAL OF FIFTY YEARS AGO

The correct diagnosis of uterine fibroids, while usually easy, is sometimes most difficult, and the history of the subject is fraught with mistakes. I have more than once opened the abdomen for operation to remove a uterine fibroid to find that I had to deal with the much simpler condition of intra-ligamentous cyst. — William Gardner: Address in Gynæcology, *Canad. M. A. J.*, 1: 1133, 1911.